



Practitioner's Docket No. 701039-048802-C

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: KLAGSBRUN, Michael et al.
Application No.: 09/580,803 Group No. 1642
Filed: May 30, 2000 Examiner: Nickol, G.
For: ANTAGONISTS OF NEUROPILIN RECEPTOR
FUNCTION AND USE THEREOF

Assistant Commissioner for Patents
Washington, D.C. 20231

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Amendment/Response Transmittal (3 pgs);
2. Restriction Requirement (1 pg);
3. Return Receipt Postcard;

is on the date shown below being:

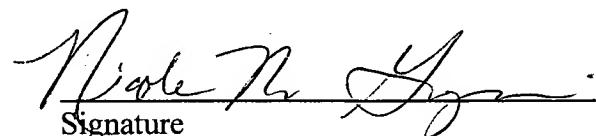
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Date: August 31, 2001

FACSIMILE

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Signature

Nicole M. Gignac
(type or print name of person certifying)



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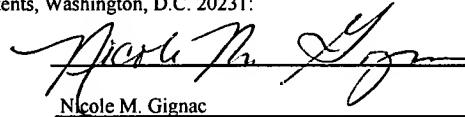
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CERTIFICATE OF MAILING (37 C.F.R. SECTION 1.8(a))

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231:

August 31, 2001
Date


Nicole M. Gignac
(type or print name of person mailing paper)

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT/RESPONSE TRANSMITTAL

1. Transmitted herewith is a Restriction Requirement for this application in reply to the Office Action mailed on 07/31/01.

STATUS

2. Applicant is small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. Section 1.136 apply.

(complete (a) or (b), as applicable)

- (a) [] Applicant petitions for an extension of time under 37 C.F.R. Section 1.136 (fees: 37 C.F.R. Section 1.17(a)(1)-(4)) for the total number of months checked below:

	Extension <u>(months)</u>	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
[]	one month	\$ 110.00	\$ 55.00
[]	two months	\$ 390.00	\$ 195.00
[]	three months	\$ 890.00	\$ 445.00
[]	four months	\$ 1,390.00	\$ 695.00
		Fee:	\$ _____

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If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

[] An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

(b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. Section 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3) SMALL ENTITY	OTHER THAN A SMALL ENTITY
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra Rate	Addit. Fee OR Rate Addit. Fee
Total * Minus ** =	x \$9 = \$		x \$18 = \$
Indep. * Minus *** =	x \$40 = \$		x \$80 = \$
[] First Presentation of Multiple Dependent Claim	+ \$135 = \$		+ \$270 = \$
	Total Addit. Fee \$ _____	OR	Total Addit. Fee \$ _____

(complete (c) or (d), as applicable)

(c) [X] No additional fee for claims is required.

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OR

(d) [] Total additional fee for claims required \$ _____.

FEE PAYMENT

5. [] Attached is a check in the sum of \$ _____.
[] Charge Account No. _____ the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

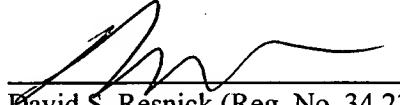
6. [X] If any additional extension and/or fee is required, charge Account No. 50-0850.

AND/OR

[X] If any additional fee for claims is required, charge Account No. 50-0850.

Date: 8/31/01

Respectfully submitted,



David S. Resnick (Reg. No. 34,235)
NIXON PEABODY LLP
101 Federal Street
Boston, MA 02110
Tel: (617) 345-6057
Fax: (617) 345-1300

Customer No.: 26248